

My Action Plan for Managing Pain

My name:

Date:

Name of my health care provider:

Phone number of my health care provider:

Who I want contacted in case of an emergency (friend or family member to call):

Name:

Phone number:

Nurse First Chronic Pain Program phone number : 1-800-330-7847

I can help myself feel better by knowing what to do when I start to feel bad.

Steps my provider said to take if I have health problems:

Health problem:

What to do if I have a problem:

I should talk to my provider or Nurse First when I have (Have your provider fill in this part):

I should ask my provider about a diet plan (Have your provider fill in this part):

I should bring my Pain Diary to share with my provider at each visit
(Keep track of your pain by filling out your pain diary each day):

(over)



My Action Plan

(continued from other side)

I should ask my provider about an exercise plan (Have your provider fill in this part):

Kind of exercise:	How long:	How often:

Things I can do to take good care of myself:

- Take all my medicines as my provider tells me to.
Call my provider if there is a problem with any of my medicines.
- Keep all my provider visits. Write down any changes in how I feel in my pain diary. Tell my provider about these changes at my next visit.
- Stop smoking or try to smoke less.
- Try to eat the way my provider says will help me feel better.
- Follow my exercise plan and tell my provider about any changes at my next visit.



My medicines:

Name of my medicine:	How much I should take:	How often I should take this medicine:	This medicine is for: